



## Public Health

100 Years of Service ★ 1913-2013

### Water Analysis Application

Name: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address to be **SAMPLED**: \_\_\_\_\_

Type of Test	Tests for	Cost	Check box that applies
Bacteriological	coliform and E-coli	\$50	
Inorganic	metals, pH and water hardness	\$50	
Nitrate/Nitrite Specific Inorganic	Nitrate and Nitrite only	\$50	
Pesticide	traces of pesticide ingredients	\$70	
Petroleum	traces of petroleum ingredients	\$70	

Total

\*Are you experiencing any problems with your well water? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Does your well head extend above ground? YES \_\_\_ NO \_\_\_

\*How many wells are on this property? \_\_\_\_\_

\*Does your water supply have **ANY** type of treatment system? YES \_\_\_ NO \_\_\_

If so, please describe: \_\_\_\_\_

\*Where would you prefer the sample be taken? (DCoDPH prefers to obtain the sample from a spigot at the wellhead if this can be arranged) \_\_\_\_\_

\_\_\_\_\_

\*Has this well been sampled previously for any reason? YES \_\_\_ NO \_\_\_

If yes, who sampled the well and what were the results? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Signature of the Owner or Authorized Agent allows this Department access to the property to collect the requested water sample.

Date: \_\_\_\_\_ Owner/Authorized Agent: \_\_\_\_\_

\*\*Completed applications may be mailed, faxed or emailed: [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov)